



**CITY OF ATLANTA
OFFICE OF MUNICIPAL CLERK**

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

October 26, 2000

Jeffery L. Hensal
2315 Bankhead Highway
Atlanta, GA 30318

00-R-1604

Dear Mr. Hensal:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on October 16, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division at (404) 330-6400.**

Sincerely,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

RCS# 2337
10/16/00
8:35 PM

Atlanta City Council

Regular Session

MUTIPLE CLAIMS WITH FAVORABLE/Unfavor recommend
ITEMS 1-29
00-R-1604 ADOPT

YEAS: 13
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 1
EXCUSED: 1
ABSENT 1

Y McCarty	Y Dorsey	Y Moore	Y Thomas
Y Starnes	Y Woolard	B Martin	Y Emmons
Y Bond	Y Morris	Y Maddox	E Alexander
Y Winslow	Y Muller	Y Boazman	NV Pitts

MUTIPLE

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0539

Date: September 28, 2000

Claimant /Victim JEFFERY L. HENSAL
BY: (Atty) (Ins. Co.) _____
Address: 2315 Bankhead Highway, Atlanta, Georgia 30318
Subrogation: _____ Claim for Property damage \$ 2,869.72 Bodily Injury \$ _____
Date of Notice: 8/25/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 8/14/00 Place: 2315 Bankhead Highway
Department PARKS, RECREATION & CULTURAL AFFAIRS Division PARKS
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that his vehicle sustained damage from limbs that fell from a tree located on City property. However, an investigation determined that the Parks division did not have record of any complaint or of performing any type of tree work at the referenced location prior to claimant's incident. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

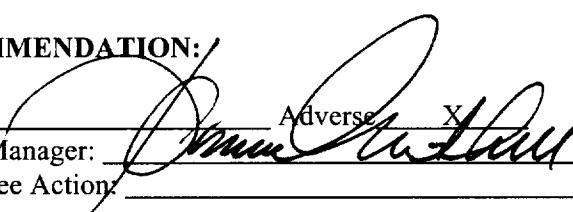
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 09.28.00
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 8/18/00

BURNS
09/05/00
[Signature]

Dear Municipal Clerk:

ENTERED - 9-6-00 - SB

00L0539 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2869.72 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 8/14/00
(month/day/year)
2. Police called: X
Yes No
3. Location of incident: 2315 BUNKHEAD Hwy Zone ONE Precinct
4. Name of your insurance company: _____ Policy No. _____
5. State what and how incident occurred: PERSONAL VEHICLE PARKED IN REAR PARKING AREA while away at school during this time branches from a tree fell upon the vehicle causing damage to vehicle
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: Toyota 94 PBA106 TN. Driverless/Parked
(make) (year) (tag number) (driver's name)
City vehicle: _____
(make) (City driver's name) (department/bureau)
8. Witness: Officer V. Teipi Zone one Atl. Police 404-799-2488
(name) (address) (telephone number)
9. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Jeffrey L. Jensen
(claimant's name)

2315 BUNKHEAD Hwy
(address)

Atlanta GA 30318
(city and state)

404-799-2488 403-559-1021
(work number) (home number)

00- -1604

(A) 502-6616

Police case # 002312135

Entered -09-06-00 - sb
CL 00L0539 - GWENDOLYN BURNS

CLAIM OF: **JEFFERY L. HENSAL**
2315 Bankhead Highway
Atlanta, Georgia 30318

00- *R* -1604

For vehicular damages alleged to have been sustained when a tree limb fell on top of claimant's vehicle on August 14, 2000 at 2315 Bankhead Highway.

THIS ADVERSED REPORT IS
APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Regular Report Agenda*

ADVERSE REPORT

COM. *P.S. & L.A.*

DATE *10/16/00*

V-C *Clara Anderson*

[Signature]
[Signature]
[Signature]

ADVERSED
CITY COUNCIL OCT 16 2000

